

Department of Labor & Industries
 Apprenticeship Section
 PO Box 44530
 Olympia WA 98504-4530



AUTHORIZATION OF SIGNATURE

L&I apprenticeship coordinator

Effective Date

This form will supersede all other "Authorization of Signature" forms on record with the Department of Labor and Industries by the below named program with an effective date or submittal date earlier than the above effective date.

Program Name:

Select one of the following

Name of Individual(s)	All papers pertaining to the business of this committee.	Apprenticeship Agreement Cards only.

We, the undersigned committee members of the above named program give our authorization for the above individual(s) to sign documents as indicated.

A quorum of the committee must sign below: (WAC 296-05-205(4))

Employer Representatives

Employee Representatives
